

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 3: Hotline	Effective Date: July 1, 2019
	Section 5: Supervisory Review of Child Abuse and/or Neglect Intake Reports	Version: 9

STATEMENTS OF PURPOSE

All [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114\) \(310\)](#) will undergo supervisory review and approval by the Hotline Intake Supervisor before a recommendation is made to assign for assessment, refer to another state or screen out. However, at DCS management discretion the Hotline Supervisor review on any report may be bypassed.

Note: A Pediatric Evaluation and Diagnostic Service (PEDS) referral is mandatory for all children less than six (6) years of age with injury or suspected injury to the head or neck and all children less than three (3) years of age with fractures or burns or suspected fractures or burns. Although this policy states the age for mandatory PEDS referrals, all intake reports involving injury or suspected injury to the head or neck of any child, as well as, fractures and burns regardless of age will be identified in the case management system so local office staff may evaluate the need for a non-mandatory referral to the Program. The PEDS program is available 24 hours a day, seven (7) days a week. ([See Practice Guidance](#))

The Indiana Department of Child Services (DCS) Hotline Intake Supervisor will review the Child Abuse and Neglect (CA/N) intake report as soon as possible, not to exceed 24 hours.

A Hotline Intake Supervisor may overturn a Hotline Intake Specialist's (IS) recommendation to "screen out" a report if the allegations meet the statutory definition of CA/N.

A Hotline Intake Supervisor may overturn an IS's recommendation to "assign for assessment" if the allegations do not meet the statutory definition of CA/N.

For all CA/N assessments that must be initiated within two (2) or 24 hours, the Hotline Intake Supervisor will forward the intake report to the appropriate local office.

Exception: Per [IC 31-36-3](#), when a child enters a homeless or emergency shelter without the presence or consent of a parent, guardian, or custodian the shelter must notify DCS within 24 hours. The shelter will provide the name of the child, the location of the shelter, and if the child alleges that he or she was abused and/or neglected. DCS must conduct an assessment no later than 48 hours after receiving notification from the emergency shelter or shelter care facility. However, if the department has reason to believe that the child is a victim of child abuse or neglect, the department will not notify the child's parent, guardian, or custodian as to the specific shelter or facility the child has entered.

The DCS local office will transmit copies of CA/N intake reports to Law Enforcement Agencies (LEA), prosecutors, and in the case of fatalities, coroners.

Code References

1. [IC 31-33-8-1: Investigations by the department of child services: time of initiation; investigations of child care ministries](#)
2. [IC 31-33-7-5: Written report; copies made available to law enforcement agencies, prosecuting attorney and coroner](#)
3. [IC 31-33-8-2: Investigations by law enforcement agencies](#)
4. [IC 31-36-3: Homeless Children](#)

PROCEDURE

For all CA/N intake reports the Hotline Intake Supervisor will:

1. Carefully review the CA/N intake report;
2. Ensure intake reports involving suspected injury to the head or neck of any child are evaluated for a PEDS referral;
3. Agree or disagree with the IS's recommendations as to whether or not the report should be routed and assigned for assessment, referred to another state, or screened out. The Hotline Intake Supervisor will apply the facts reasonably available to DCS and use the criteria contained in the following policies to make this determination: [3.8 Statutory Definition of Child Abuse and/or Neglect \(CA/N\)](#), and [3.6 Recommending a Child Abuse and/or Neglect \(CA/N\) Report for Screen-Out](#).

Note: Final recommendation regarding whether or not a report will be assigned for assessment or screened out will be made at the Local Office level. See Chapter 4- Assessment for additional information on completing assessments.

For CA/N intake reports that will be routed and assigned for assessment, the Hotline Intake Supervisor will:

1. Follow any additional procedures for special intakes. See policies: [3.10 Institutional CA/N Intake Reports](#), [2.14 Intentional False Reports](#), and [4.29 Joint Assessments](#);
2. Review the response time assigned by the IS and:
 - a. Agree, or
 - b. Find that the response time should be changed and disapprove the report or use the override function in the case management system to make the change; and
3. Forward assessments requiring initiation within two (2) to 24 hours to the local office.

For CA/N fatality and near fatality intake reports, the Hotline Intake Supervisor will immediately contact:

1. DCS Agency Director,
2. Deputy Director of Field Operations,
3. Deputy Director of Communications,
4. Assistant Deputy Director of Field Operations,
5. Regional Manager, and
6. Local Office Director (LOD).

If immediate notification is not practical, notification must be given in the same day, regardless of weekends and holidays. Notification will be made via e-mail.

PRACTICE GUIDANCE

Pediatric Evaluation and Diagnostic Service (PEDS) Referrals

It is **mandatory to complete a PEDS referral for a child less than six (6) years of age with an allegation of suspected abuse or neglect involving the head or neck** (e.g., facial bruising, scratches and red “marks” on the face/neck; mouth and eye injuries; head bleeds; skull fractures; and a fracture or burn involving the head/neck) **or a child less than three (3) years of age with allegations of suspected abuse or neglect resulting in fractures or burns or suspected fractures or burns anywhere on the body**. All intake reports with suspected allegations of suspected abuse or neglect involving the head or neck of a child, as well as, allegations of suspected abuse or neglect resulting in fractures and burns regardless of age will be identified in the case management system with a denotation of “PEDS allegation is included in this Report”. Evaluations of all reports identified as having PEDS allegations should include any information obtained from the child and/or family. FCMs should utilize critical thinking skills to evaluate and staff the situation with an FCM Supervisor to determine if a need exists to complete a non-mandatory PEDS referral for children of any age with injury or suspected injury to the head or neck, fractures or burns, or suspected fractures or burns. A referral should also be considered if a child, regardless of age, is unable to provide an explanation for the injury or the explanation for the injury is not convincing and there is reason to believe there is a pattern of repeated abuse. The PEDS program referral is available at: https://ota.medicine.iu.edu/ChildProtection_V2.

FORMS AND TOOLS

1. [Preliminary Report of Alleged Child Abuse or Neglect \(SF114\) \(310\)](#) – Available in the case management system
2. PEDS Program Referral- Available at https://ota.medicine.iu.edu/ChildProtection_V2

RELATED INFORMATION

Notification to department; investigation of a child; notification to parents

Per (IC 31-36-3-3) :

1. Except as provided in subsection (d), if a child voluntarily enters an emergency shelter or a facility, the shelter or facility shall notify the department, not later 24 hours after the child enters the shelter or facility, of the following:
 - a. The name of the child,
 - b. The location of the shelter or facility, and
 - c. Whether the child alleges that the child is the subject of abuse or neglect.
2. The department shall conduct an investigation concerning the child not later than 48 hours after receiving notification from the emergency shelter or shelter care facility under subsection (a);
3. The department shall notify the child's parent, guardian, or custodian that the child is in an emergency shelter or a shelter care facility not later than 72 hours after the child enters the shelter or facility. However, if the department has reason to believe that the child is a victim of child abuse or neglect, the department will not notify the child's parent, guardian, or custodian as to the specific shelter or facility the child has entered; and
4. An emergency shelter or a shelter care facility is not required to notify the department of a child who is an emancipated minor.